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CONFIRMATION NO. 2340

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|---|---|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 09/904,584 | FILING OR 371(c) DATE 07/13/2001 RULE | CLASS 530 | GROUP ART UNIT 1646 | ATTORNEY DOCKET NO. 600-1-285 N | |
| APPLICANTS Mary Jeanne Kreek, New York, NY; Vadim Yuferov, New York, NY; Karl Steven LaForge, New York, NY; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/218,300 07/14/2000 <i>ML 4/14/05</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None ML 4/14/05</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 07/30/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>ML</i> Examiner's Signature Initials | | STATE OR COUNTRY NY | SHEETS DRAWING 4 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 4 |
| ADDRESS 23565 | | | | | |
| TITLE Alleles of the human kappa opioid receptor gene, diagnostic methods using said alleles, and methods of treatment based thereon | | | | | |
| FILING FEE RECEIVED 794 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |